

1 TOP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		10/6
O.I.P.E. CLASSIFIER		75	10-7-98
FORMALITY REVIEW		71476	10/15/98

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Original	Date
1	✓	3/3/02
2	✓	10/20/01
3	✓	10/20/01
4	✓	10/20/01
5	✓	10/20/01
6	✓	10/20/01
7	✓	10/20/01
8	✓	10/20/01
9	✓	10/20/01
10	✓	10/20/01
11	✓	10/20/01
12	✓	10/20/01
13	✓	10/20/01
14	✓	10/20/01
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16	✓	10/20/01
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26	✓	10/20/01
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46	✓	10/20/01
47	✓	10/20/01
48	✓	10/20/01
49	✓	10/20/01
50	✓	10/20/01

Claim	Original	Date
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Claim	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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